MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13980 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Howard Howard MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
Ellicott City c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Horseshoe Rd. Harman Nursinh Home NO X YES 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) Delawder 1967 Hazel DEATH Oct. 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** last birthday) Months Hours WIDOWED DIVORCED White July 13 1934 female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? housewife Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Evelyn Duvall Landy Burris IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Hourseshoe Br Ellicott City. Md. Maynard Delawder INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DHF TO

stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour o.m.

20c. TIME OF INJURY Month, Doy, Year

saw the deceased alive an

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.)

20d. INJURY OCCURRED Not While of work of work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 2). I certify that (1) Ithis hospital) attended the deceased from 4-26

PHYS.

22d. ADDRESS

1965 to

DIRECTOR

Church Rd E

(City or town)

PHYS

(County)

(Stote)

NO

19. WAS AUTOPSY PERFORMED?

1967, and that death occurred at 5 MPM, from causes and on the date stated above 22b. DATE SIGNED

23o. BURIAL CREMATION. REMOVAL (Specify) 24. FUNERAL DIRECTOR

CERTIFICATION

23b. DATE THEREOF

19

NAME OF CEMETERY OR CREMATORY Meadowridge

23d. LOCATION (City or Town)

(County) Elkridge Howard

Md.

(Stote)

Higinbothom 31:

22o. SIGNATURE!

22c. PHYSICIAN'S

NAME (Type)

**ADDRESS** Ellicott City, Md. 2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After VR A15 (4) 25M 1/67

director, page should be filed

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY Howard MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Ellicott City

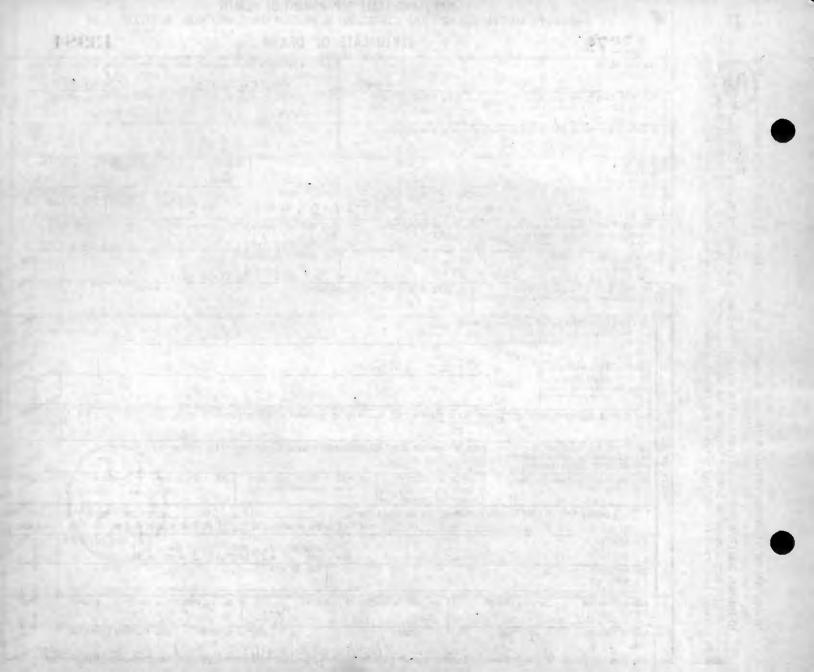
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NO Folly Quarter Rd. Folly Quarter Rd rbon NAME OF First Middle Last DATE Month DECEASED event, Helen Thomas Graves Oct. 20 19 67 (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR || F UNDER 24 HRS 8. DATE OF BIRTH 9. ешоле 7. MARRIED A NEVER MARRIED last birthday) | Months | and any female white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY TI/BIRTHPLACE (Dounty & State, or foreign country) physician n please r val, and in 5 12. CITIZEN OF WHAT death certificate be Housewife at home Marvl and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova William L Thomas Mande A. Hockran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attentit 5 (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, Rodney Ellicott City. Md. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) gned been seem the purian control of the purian c DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 35 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? 116 NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) .Not-While 19 at work at work K P 21. | certify that (I) (this hospital) attended the deceased from and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 13 STAFF DIRECTOR 4 may FUNERAL PHYSICIAN'S ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spinify) 2 Ellicott City REC'D BY REGISTRAR VR A15 20M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 13983OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Howard Co. b. COUNTY MARYLAND by the ... b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give neorest town) ve carbon papers. Page event, within 72 hours 11 mouth 5 Pural -Ellowth Cit . d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 635 Riland Schafer Conualescent Home NO X YES NAME OF Middle DATE Month Losi Dov **Уеаг** DECEASED OF 19 6 DKINS (Type or print) DEATH (-)0 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years remave lost birthdoy) Months Doys Hours White 1888 FEMALE N NOVEMBER and in any WIDOWED DIVORCED puo 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) please INDUSTRY physician in please COUNTRY? CAltimore City Homemaker HOUSELSTE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Herbert Lincoln WEbb Hosnigai. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 213-36-8101 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSER AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO signed burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been the of Health priar ta lost. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO DE certificate D 200' ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) this Not While Hour 'a.m. foctory, street, office bldg., etc.) While After 21. 1 certify that (1) this haspital) attended the deceased fram 196 ), that (1) (we) last 1967, and that death accurred at 328. M, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS filed PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) DAMPURTON CEMETER Oct. 9, 1967 DATIBUSTON, HARFORD CO. Md. 21034 DATE OF THE PEGISTRAN 196 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 BEI Air, MAMICONZIOIY

CHEET haired poleman A Lapour ! THE SET SUPERIN AND HOTEL - DONNE and the state of the same of the same AT STOLD I WAS TO SEE STORY IN SECURIT WAS TO West kinded to sent the - common to the off - Honty J. Stay Ave. I Have I for land A STATE OF THE PARTY OF THE PAR personal management of the state of the state of " A THE THE COLD SHOULD BE WANTED

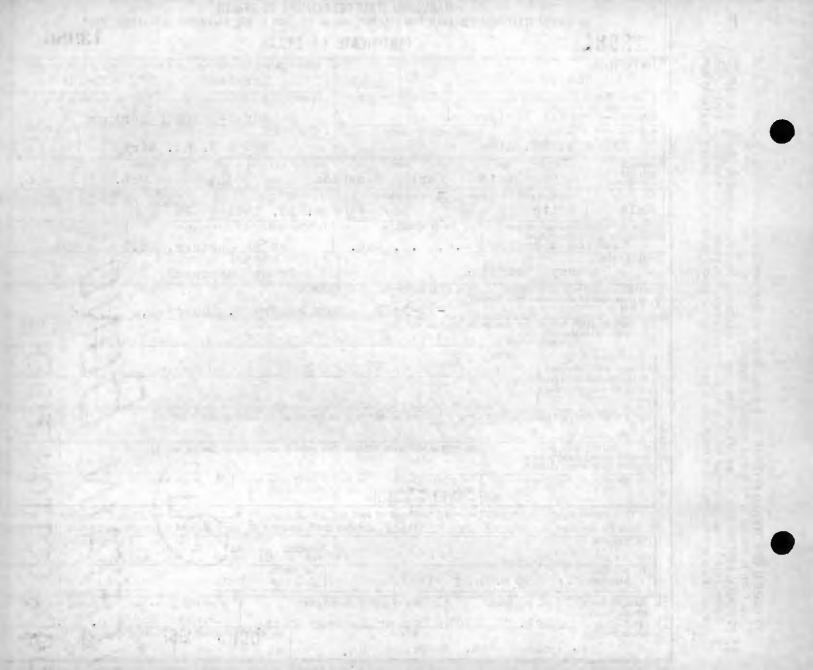
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUPAL and give nearest town) within 24 hours Jessup d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) barr-papers. d. STREET ADDRESS B. IS RESIDENCE physician and campletely filled in ON A FARM? YES T NO S 3. NAME OF Middle First DATE Lost Month Doy Year DECEASED Aileen 10 10 196 remaye car ar remayal, and in any event, (Type or print Moore DEATH requires that the death certificate be executed S SEX IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday) Hours WIDOWED DIVORCED Female negro IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN enson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar ottending physicion. DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to I lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER: 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) oftended the deceased fram. カック M, from couses and on the date stoted above. and that death occurred at saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 0-10-0 MD PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d ADDRESS NAME (Type) 230. BURIAL, CREMATION REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 Chicago Bo



9	11-6-67 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Item #7 Film 9.3394 11.33.7 ph	
EOR STATE	13050 Item #7 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3985
HEALTH DEATH	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence	before admission)
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ond 3 th	b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town)  c CETY DR TDWN (if autside carporate limits, write RURAL and give nearest town)	earest town)
PM3. P	Clarksville	/
f any delo	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM?
- F - F - F	Clarksville RidgeClarksville, Ridge	YES ND
24 hours ofter deoth. In Item 18. Give Pages r's Office olang with for state ifter deoth.	3 NAME OF First Middle Lost 4 DATE Month OF	Doy Year
Give ang v	(Type or print) MARTHA ANN BRIDGES SHINN DEATH October	27 19 67 FAR TIE UNDER 24 HRS
ofter 8. Giv olang with th	S. SEX 6. CD.OR OR RACE 7 MARRIED A NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost brinday) Months D	Doys Hours Min.
i haurs or Item 18. Office ob Iond 2 wi	remate white 53 %	EN OF WHAT
ld be executed within 24 haurs or "pending" in ¶emcil in Item 18. Chief Medical Examiner's Office o itansit permit. File pages 1 and 2 w event within 72 haurs after death.	during mast of working Life, even if retired) NDUSTRY	ITRY?
hin 24 med in niner's poges   poges	13. FATHER'S NAME	
within   e=ci  camine  le poge	RAIDA BRIDGES MARATHA PONDER	
d w	15. WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	
xecuted wif iding'in ∭e Medicol ∭xor Mermit. File	(Yes, no, or unknown) (If yes give wor or dates of service) 216-44-713/	
e execut pending of Medica sit permit tt within	1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	INTERVA. BETWEEN
shauld be e ne word "pen o the Chief A buriol-transit	PART DEATH WAS CAUSED BY Asphyxia due to obstruction of Tracheostomy	ONSET AND DEATH
ord	= ot U DUE TO	
e shaul the wo to the to burol- in ony	Conditions, if any, which gove (b) rise to immediate cause (a),	
din din	stating the underlying couse DUE ID	
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MNER: This the certificate, 4 should be for files 3 should be used to a strong or removation, or removation, or removation, or removation.	206 EXTERNAL CAUSE WAS PRIMARY IN DISCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of term 18)	X
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Y, p Y, p rol = re	SIGNATURE DAWN TO ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	in the stotles
TO DEPUTY MEDICAL EXAMINER: To necessory, please execute the certification function for the function of the feath prior to buried, cremation, or many the function of the func	EXAMINER'S NAME (Type)  Edward F. Wilson, M.D. Address (Street, city, town, or county)  October	er 27, 1967
O D D The Co	230 BUR AL, CREMAT ON, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION (City of Town) (Co	ounty) (State)
F F	CREMOVAL (Specify) 10-30-67 LEE EV NIENA I Home WAShing Ton,	D.C.
VR A15ME (5)	24. FUNERAL DRECTOR LE STRAR SIGN ADDRESS 250 REC'D BY REG STRAR 250 REG STRAR'S SIGN HIGH STRANGE STRAN	IATURE
6M 1/67	Higiwhethory Stack Ellicott City Md. DATE NOV 1 1987 gillene	as Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13986 13981 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Howard a. STATE b. COUNTY Maryland Howard MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL ond give nearest town)
Rural - Poplar Springs Rural- Poplar Springs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS My filled with the A RFD # 3, Mt. Airy RFD # 3, Mt. Airy YES NO IX 3. NAME OF 4. DATE Middle Month Year physician and completely en please remove rarbar DECEASED OF DEATH David Earl Thompson Oct. 19 67 (Type or print) S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Dovs Hours Male White Feb. 10, 1941 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) J.H. A.P. Lab. COUNTRY ? Poplar Springs. Md Machine operator TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Thompson Leroy Irene Lugenbeel signed by the offending buriof-tronsit permit. Th IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dates of service) Yes 216-36-3627 Mrs Sandra B. Thompson. Item 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (b) **DUE TO** Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause by the hospitol or ottending os the 19. WAS AUTOPSY PERFORMED? TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or otter TO FUNERAL DIRECTOR: After this certificate has PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO X damanenea Por 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) Hour o.m. factory, street, office bldg., etc.) of work of work 21. I certify that (1) (this haspital) attended the deceased fram Ancian, 1967, to 1968, that (1) (we) last saw the deceased alive and of the 3 1962, and that death accurred at 1350M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S G.F. MEADORS, M.D. 810 POLL MOUSE AND FRODERICK, ind NAME (Type) director, should be shoul 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Popler Springs, Md. Buria Poplar Springs Meth 24. FUNERAL DIRECTOR VR A15 (4) Olin L. Molesworth, Damascus, Md. 20 M 1/66 DATE



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL FYAMINER'S CERTIFICATE OF DEATH

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1,	PLACE OF DEATH				2. USUAL RE	ESIDENCE (W	here decease	d lived, if institu	ution: Reside	nce befare	admissio	on) ,
	o. COUNTY Howard			MARYLA	o. STATE Mary	yland			rederi			J
	b. CITY OR TOWN	(If outside corporate limits	s,	c. LENGTH OF STAY IN	b c. CITY OR T	OWN (If aut	side corporati	limits, write R	URAL and gir	ve nearest	tawn)	
	Ellicott	d give nearest town) City			Fre	ederio	k				10	- 1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	at in haspital, giv	e street address)	d. STREET AL	DORESS				е	ON A FA	
00 H.	ardman's	Motel - Rou	ite 40 &	St. Johns	Lane 13	West	12th	Street		1	YES 🔲	
3.	NAME OF DECEASED	Fir	rst	Middle	Last		4. DATE	Ma	nth	Day	Yeo	ar a
	(Type or print)	MEH	IRL	F.	WACH?	TER	OF DEATH	Octo		20,		67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR	RTH	9.	AGE (In years lost birthdoy)	Months Months		IF UNDER Hours	24 HRS
	Male	White	WIDOWED		Feb. 9-			2 6:3+ yrs.				aniti-
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	ring most of working Plumber	1110, 64011 11 1011160)	Own	business		yland				DOMERT	U.S.	A.
13	FATHER'S NAME				14. MOTHER	'S MAIDEN N	AME					
L		T. Wachter				lizabe	eth V.	Green				
		ER IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	CIAL SECURITY NO.	17. INFORMANT				Iress		ld.	
Ľ	No		217	-10-9693	irs. Lola	R. Wa	chter-	-13 W. I	12th.S	st.Fr	eder	ick
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1 S	PAKI II. UIHEK S	IGNIFICANT CONDITIONS C	ONIKIBUTING TO	DEATH BUT NUT KELATI	D TO THE TERMINAL I	DISEASE CON	DITION GIVEN	IN PAKI I(0)			PERFORME	ED?
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TAS.	CAUSE OF DEATH.	URY Month, Day, Year	204 (8)11	JRY OCCURRED 2	e, PLACE OF INJURY (	Hama farm	20f.	(City or town)	(6)	ounty)	- /	State)
MEDICAL	Hour o.	m.	While	Not While	foctory, street, offic		201	(cit or iowii)	(ci	701111	1	noiei
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	NAME (Type)	Werner U	J. Spice	, M.D.	Ado	dress (Street,	city, town, o	r county)				-
23	o. BURIAL CREMATI		EREOF	23c. NAME OF CEMETE			23d. LOC	ATION (City or T	lown)	(County)	(5)	tate)
	REMOVAL (Specific Burial	Oct. 2	3-1967		t Cemeter		Fre	derick,				
	4. FUNERAL DIRECTO		7, 7	ADDRESS // Cederick, I	etmore	25a. REC'D	BY REGISTRA	R 2Sb.	REGISTRAR'S			
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